

PTO/SB/01 (08-03)

Approved for use through 07/31/2006. OMB 0651-0032

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**Declaration
Submitted
With Initial
Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number

2132.135

First Named Inventor

George Jackowski

COMPLETE IF KNOWN

Application Number

10/706,599

Filing Date

11/11/2003

Art Unit

1645

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Diagnostic Methods for Congestive Heart Failure

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

11/11/2003

as United States Application Number or PCT International

Application Number

10/706,599

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

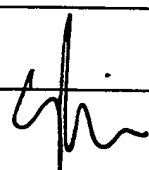
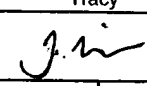
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

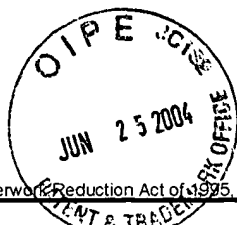
[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number: 21917				OR <input type="checkbox"/> Correspondence address below	
Name McHale & Slavin, P.A.					
Address 2855 PGA Boulevard					
City Palm Beach Gardens		State FL		ZIP 33410	
Country United States of America		Telephone (561) 625-6575		Fax (561) 625-6572	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) George			Family Name or Surname Jackowski		
Inventor's Signature 			Date March 24 2001		
Residence: City Kettleby		State Ontario		Country Canada	
Citizenship Canadian					
Mailing Address 17725 Keele Street					
City Kettleby		State Ontario		ZIP L0G 1J0	
Country Canada					
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Tracy			Family Name or Surname Van Lieshout		
Inventor's Signature 			Date April 4 2004		
Residence: City Hamilton		State Ontario		Country Canada	
Citizenship Canadian					
Mailing Address 42 Herkimer Street, Apt. 302					
City Hamilton		State Ontario		ZIP L8P 2G4	
Country Canada					
<input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.					

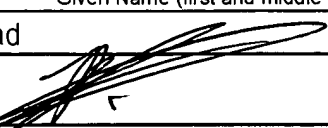
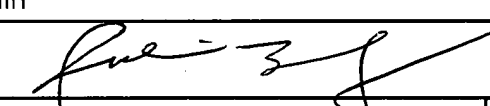
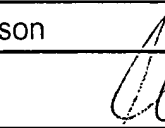


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DECLARATION**ADDITIONAL INVENTOR(S)**

Supplemental Sheet

Page 1 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Brad		Thatcher	
Inventor's Signature 		Date <u>05/31/04</u>	
Residence: City	Casalnuovo de Napoli	State	Napoli
		Country	Italy
Citizenship Canadian			
Mailing Address Via Castel Gandolfo, 3			
Mailing Address			
City	Casalnuovo de Napoli	State	Napoli
		Zip	80013
		Country	Italy
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Rulin		Zhang	
Inventor's Signature 		Date <u>March 28/04</u>	
Residence: City	Brampton	State	Ontario
		Country	Canada
Citizenship Canadian			
Mailing Address 30 Teston Street			
Mailing Address			
City	Brampton	State	Ontario
		Zip	L7A 1Y5
		Country	Canada
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Jason		Yantha	
Inventor's Signature 		Date <u>Apr. 2, 2004</u>	
Residence: City	Toronto	State	Ontario
		Country	Canada
Citizenship Canadian			
Mailing Address 768 Palmerston Avenue			
Mailing Address			
City	Toronto	State	Ontario
		Zip	M6G 2R5
		Country	Canada

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DECLARATION**ADDITIONAL INVENTOR(S)**

Supplemental Sheet

Page 2 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Michele		Rasamoeliso	
Inventor's Signature		Date 04/28/04	
Residence: City	Winnipeg	State	Manitoba
		Country	Canada
		Citizenship	Canadian
Mailing Address 936 Chancellor Drive			
Mailing Address			
City	Winnipeg	State	Manitoba
		Zip	R3T 2K1
		Country	Canada
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
		Country	
		Citizenship	
Mailing Address			
Mailing Address			
City		State	
		Zip	
		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
		Country	
		Citizenship	
Mailing Address			
Mailing Address			
City		State	
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